

Incident Report

Print Date/Time: 01/14/2016 08:15

Login ID: ss0137 Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00000752

Incident Date/Time: 1/12/2016 4:58:00 PM

Location: 717 SR 9 NE

LAKE STEVENS WA 98258

Phone Number: (425) 387-0710

Report Required: No **Prior Hazards:** No

LE Case Number:

Incident Type: Collision

Venue: Lake Stevens

Source: 911 Priority: 2 2 Status:

Nature of Call:

Unit/Personnel

Unit Personnel

SS0136-Shein 19D3

Person(s)

No. Role Name Address Phone Race Sex DOB

Reporting Party BROWN, MELISSA (425) 387-0710

Vehicle(s)

Role Year Make Model Color License State Type

Disposition(s)

Disposition Count

R

Property

Date Code Туре Make Model Description Tag No. Item No.



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 10-752

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE RACE ETHNICITY SEX D.	O.B. AGE HGT WGT HAIR EYES
	- 20 9.5 5101170 White Blue
STREET ADDRESS CITY	STATE ZIP
9618-10x6 Place S.E. Las	a Skeners WA 95255
HOME PHONE CELL PHONE	WORK PHONE
425 (397-7988)	N/A
EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
	N/A
STATEMENT:	
Breverice up hounded into the care de	elrena
Burney to burn her (no durage to enther	las.
Ston to survey the danger the lade	aprend no
she are an all the low the Manager	
many we say in some manning	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON TH	AT THE FOREGOING IS TRUE AND CORRECT
SIGNATURE:	DATE SIGNED:
OFFICER ANNAPPRINTERS	1/12/16
OFFICER/NUMBER: Shein #136	DÁTE SIGNED:
	11/16/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

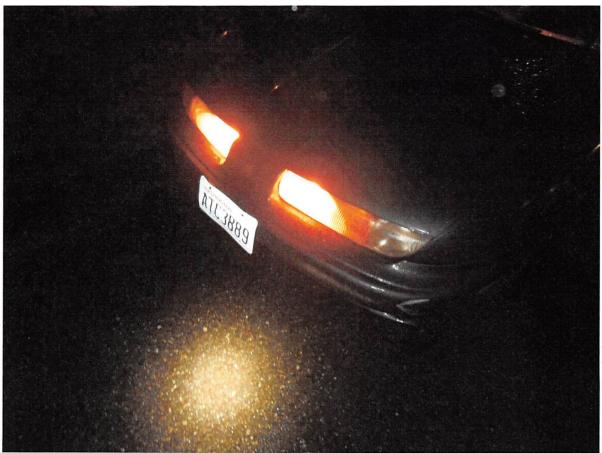
INCIDENT STATEMENT FORM

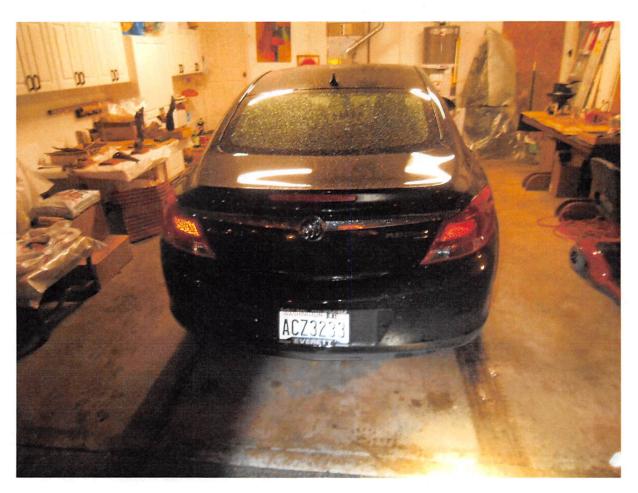
CASE NUMBER 16-752

<u>VICTIM</u> <u>WITNESS</u>	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE RACE ETHNICITY SEX D.O.B. AGE	HGT WGT HAIR EYES
Brown Melissa Dawin Carcación 1 11-3869	HGT WGT HAIR EYES
STREET ADDRESS CITY	STATE ZIP
10100 Chillion Mc Carl Star	ens wa 9825
100 700	315-5153
100	EMPLOYMENT
	wood Comm. Service
STATEMENT:	
was at the Dage way gas pum	ps in trontier
Village. Was parked at a Stop be	hind a black
buck black buck Started to do	The into
the round about but changed to	heirmind
+ rapidly backed up into my c	ar Grey Satur
Buick then left the scone Much	ar was pushed
backwards nowly hittma car be h	ind no who
was honting. Mulread flew mo	K. T. FOLLOWRO
Byick to the stockant on Him e	1. We ant
out a slee said she didn't hit m	me brand but
agreed to meet meat the Chuptu	Market. T
followed them but wished of st	opping their
Continued to drive after following	no them to
their home I asked why thou die	IN STOP.
She said she forgot & that She did	It het me
hard American was old & She didn't	loque damogr
She graned with me + told me to a	ruse into hor
garage 30 she could prove it to me.	after asking
of not recieving insurance info - I can	led 911
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FORES	
M DI MOLON	DATE SIGNED:
OFFICER/NUMBER: Shein #136	DATE SIGNED:
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEI	MOCRACY ARE VITAL TO A SAFE.

HEALTHY, AND PROSPEROUS COMMUNITY"









	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591071	2 3 27
	INTERSTATE CITY STREET FIRE CITY STREET	2
1 2	STATE ROUTE OTHER STOLEN VEHICLE CODING	3
2 3	TRIBAL RESERVATION PRIVATE WAY INVOLVED INVOLVED OBJECT STRUCK	1 8 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF COLLISION 01 - 12 - 2016 1658 31	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	MILE POST	1 5 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) 100 OO MILES FEET S N N N N N N N N N N N N	
	UNIT 01 MOTOR VEHICLE PEDAL- DAMAGE THRESHOLD MET VES NO V PHONE D: 4253977988	0 7 30
6 1	LAST NAME SHEFFER FIRST NAME EVELYN MIDDLE INITIAL C	
	STREET NEW ADDRESS 9618 10TH PL SE	
7	CITY LAKE STEVENS ST WA ZIP 982581998	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # SHEFFEC718R0 STATE WA SEX F D.O.B. MMDDYYYY 12 _ 20 _ 1929	3
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY CLASS 1	1 2 32
11 0 0	LICENSE PLATE # ACZ3233 STATE WA VIN# W04GU5GC4B1032716	2
12 0 0	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13 ^A	VEH. YEAR 2011 MAKE BUIC MODEL REGAL STYLE 4D VEHICLE TOWED YES NOW TOWED BY REGISTERED OWNER INFO. 1 VEHICLE NO. 1 SHADE IN DAMAGED AREA	0 0 33
14 A	LABILITY INSURANCE IN EFFECT INSURANCE O A POLICY # HARTFORD CASUALTY 55PHK884216-359921	9 9 34
15 2	LEGALIV 18 NOTOR PEDAL- PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE	4 35
16 2	LACT NAME BROWN FIRST MELISSA MIDDLE D	4 36
17	STREET	37
18	NEW ADDRESS 10920 CALLOW RD CITY LAKE STEVENS ST WA ZIP 982588176	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S BROWNMD319QT STATE WA SEV F D.O.B. 11 30 1969	40
21	OVER TO CAST IN LARGE 2 PROTE 4 FUEL 1 HELMET 2 INJURY 7 NATURE OF INJURIES	
22	LICENSE A DOOR	
23	PLATE # A7C3889 VIVIII 7G82X3276V27886U9	
	TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR 1997 MAKE STRN MODEL SL24D STYLE 4D VEHICLE TOWER YES NOW TOWN TOWN TOWN TOWN TOWN TOWN TOWN	41
24	REGISTERED OWNER INFO. MELISSA BROWN 10920 CALLOW RD LAKE STEVENS WA 98258 VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
	LIABILITY INSURANCE INSURANCE ON & POLICY # STAUDING YES INSURANCE ON A POLICY # STAUDING STA	
25	CFFICER'S NAME (PRINT) BADGE OR ID # AGENCY WA0311900 WA	
26	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E505410

PAGE 2

OF 3

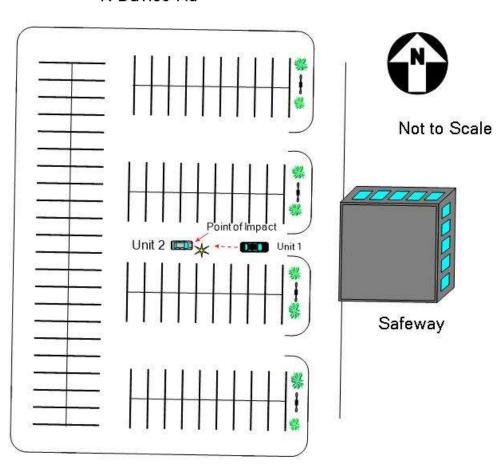
••		
	CASE #	16

				15913	712	O/ IOL II											
			ADDIT	TONAL	. PERSONS INVO	LVED (PASS	ENGER	S AND/	OR WI	NESSE	10 S	NLY)					
NAME (LAST, FIRST, MIDDLE	INITIAL)																
ADDRESS & PHONE #		·							s	EX	D.C MMDE	D.B.]-[
PASSENGER []	WITNESS	UNIT #		SEAT POS.	AIRBAG	RESTR.		EJECT	H	IELMET USE		INJURY CLASS		NATURI	E OF INJU	RIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)																
ADDRESS & PHONE #									s	EX	D.C MMDE	D.B.					
PASSENGER \(\square\)	WITNESS	UNIT #		SEAT POS.	AIRBAG	RESTR.		EJECT	H	IELMET USE		INJURY CLASS		NATURI	E OF INJU	RIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)																
ADDRESS & PHONE #									s	EX	D.C MMDE	D.B.					
PASSENGER \(\square\)	WITNESS	UNIT #		SEAT POS.	AIRBAG	RESTR.		EJECT	H	IELMET USE		INJURY CLASS		NATUR	E OF INJU	RIES	
						NARRA	ΓIVE										
dispatched to a report of a hit and run that occured in the parking lot of Safeway store in Lake Stevens. I contacted the reporting party, later identified via a valid WA State Driver's license as Melissa D. Brown (DOB: 11/30/1969) who said that someone backed into her car on the parking lot, and drove away. Melissa followed them to their house at 9618 10th PL SE Lake Stevens. I arrived and spoke with the driver of Unit 1. Evelyn C. Sheffer admitted to backing into Unit 2 but said that she drove home because she had nowhere to stop. Exchange of information facilitated. Collision:Unit 1 backed into Unit 2. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.																	
Gleb She Officer					Date			L	_oca	tion	Sig	ns, W					
CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)																	
G. SHEIN NVESTIGATING OFF	FICER'S SIGN	ATURE		UNIT	OR DIST. DET	01-1	1 3-16 08 D	.44 AIVI	_	PLA	DE SIG	GNED					
APPROVED BY								[DATE								
ROBERT MINER	0095										10 5:0	00:17 AM					
BADGE OR ID #	0136		ORL#	14/403	11000		TIME	POLICE DI	ISPATCH	D 4.5	R DM		TIME P	OLICE AL	RRIVED	5.10 DIV	•

CASE# 16-752

DATE AND TIME 01/12/16 16:58

N Davies Rd



SR - 9



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-752

Page _\ OF _\

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE LVELYN RACE ETHNICITY SEX D.O.B. AGE	HGT WGT HAIR EYES
STREET ADDRESS CITY	41011 127 gray area
	STATE ZIP
HOME PHONE CELL PHONE WORK PE	ens WA 98258
HOME PHONE CELL PHONE WORK PH	IONE
EMAIL ADDRESS (OPTIONAL) PLACE OF	10/1-
PLACE OF	EMPLOYMENT
STATEMENT:	10/14
	\
It it is as bekind me (not hard eithe	1)
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FORECT	GOING IS TRUE AND CORRECT
SIGNATURE: Teelan C. Shelles	DATE SIGNED:
OFFICER/NUMBER:	1-12-16
Their #130	DATE SIGNED:
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEN	MOCRACY ARE VITAL TO A SAFE,

HEALTHY, AND PROSPEROUS COMMUNITY"